



PHIL BREDESEN
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
7TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0380

TIMOTHY K. WEBB, Ed.D.
COMMISSIONER

Memorandum

TO: Special Education Supervisors
FROM: Linda Copas, TN DOE
SUBJECT: School-Home Connection Workshop
DATE: July 6, 2009

I am happy to announce a new addition to the collaboration between TRIAD of Vanderbilt and the Department of Education, Division of Special Education. This year we will add the School-Home Connection Workshop to our offerings for those teachers who serve students with autism in public school placements.

This four-hour training (8:30-12:30) will take place in each region of the state (East, Middle, and West) and be presented by two TRIAD staff. The workshop will be geared specifically toward establishing consistency between the home and educational settings of children with autism who are served in the schools while fostering a collaborative relationship between parents and educational providers. Participants will consist of a team of one parent and one teacher who have previously identified student goals toward which to work during the workshop. Each workshop will accommodate 18 teams (36 participants). There is no cost to participate, but teams must apply and be chosen. **Application does not guarantee admission.**

If you know of a teacher and a parent who would like to take part in this workshop, please give them this notice and application. Questions should be addressed to Linda Copas by phone at 615-741-7790 or by e-mail at Linda.Copas@tn.gov

Please fax or mail the completed application to:

Linda Copas
7th Floor AJT
710 James Robertson Pkwy
Nashville, TN 37243

Fax: 615-532-9412

**Application for School-Home Connection
2009 TRIAD Training**

Fax to Linda Copas (615-532-9412)

Attention LINDA COPAS

Please Print Legibly

Teacher name: _____ System: _____

E-mail: _____ Phone: _____
(include area code)

School name: _____ Principal: _____

School address: (street address, city, zip code) _____
_____ Phone: _____

Parent name: _____ Child: _____

E-mail: _____ Phone: _____
(include area code)

We understand that only 18 teams per region are chosen for this workshop. If one of us has to cancel, we will notify Linda Copas at 615-741-7790 ASAP so that another team can be chosen.
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Teacher signature _____ Date: _____

Parent signature _____ Date: _____

Please check the session your team would like to attend:

_____ East TN	Sept. 4, 2009	(8:30-12:30)
Location:	University Center, UT Knoxville Room 221	

_____ West TN	Oct. 9, 2009	(8:30-12:30)
Location:	TN DOT Region 4 Auditorium 300 Benchmark Place Jackson, TN 38301	

_____ Middle TN	Nov. 6, 2009	(8:30-12:30)
Location:	Woodmont Hills Church, Room 201	

3710 Franklin Road
Nashville, TN 37204
(Enter through the Counseling Center)